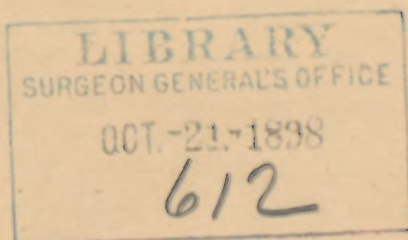


Duhring (L.A.)

case of typical dermatitis  
herpetiformis.







Duhring (2. A.)

Extracted from  
The American Journal of the Medical Sciences for June, 1890.

## CASE OF TYPICAL DERMATITIS HERPETIFORMIS.

BY LOUIS A. DUHRING, M.D.,

PROFESSOR OF SKIN DISEASES IN THE UNIVERSITY OF PENNSYLVANIA.

DURING the past month a typical example of this affection has been under almost daily observation, and the symptoms have been so pronounced and so characteristic of the usual form of the disease that I desire to add the case to the list of those already published. I describe the case, moreover, because there seemed to be some doubt as to the diagnosis in the minds of the several well-known practitioners who had charge of the gentleman before he came under my observation.

Mr. S., of Cincinnati, consulted me about the middle of January of the present year, with a letter describing his previous condition and treatment from Dr. Ransohoff, under whose care he had been for some time. The doctor's letter states that the patient (a man about fifty years of age and of dark complexion), who had before always enjoyed good health, manifested "squamous eczema" of both hands about a year ago. Four months later the present illness began with the development of blisters of the size of a pea or bean on the hands, wrists, feet, and ankles. In July last, a fully developed "pemphigus simplex" existed, the blebs being as large as a silver dollar, tense, and containing a clear fluid. These appeared in successive crops all over the body. During the four months of the acute attack hardly a square inch of the surface was left uninvaded. When the blebs disappeared excoriations of similar dimensions remained, but which were soon covered again with epidermis.

Loss in weight, most distressing itching ("pemphigus pruriginosus"), and from time to time septic manifestations; low, muttering delirium, slight elevation of temperature, rapid and irregular heart action, heavily coated, dry tongue, diarrhoea, and profuse night-sweats, were all present. Under sustaining treatment and local remedies, such as the continuous bath for two weeks, swathing in oil, oxide of zinc and bismuth bandages, the patient finally began to improve, and was able to leave home for a change of climate. When last seen the itching still persisted, and the skin, especially of the extremities, presented a livid hue and was sodden. It, moreover, was elevated in the form of large, indurated papules where formerly vesicles (which did not rupture) had existed. Dr. Ransohoff concludes his letter by stating that at first the diagnosis of dermatitis herpetiformis was made, but that later, when at its height, the disease seemed to possess the features of pemphigus pruriginosus; while still later, as improvement set in, it again approached dermatitis herpetiformis.

When I first saw the case the skin was much inflamed, excessively pigmented, of a dirty-looking, mottled, yellowish, brownish color, thickened, and the seat of an extensive eruption, consisting of small and large,

LIBRARY  
SURGEON GENERAL'S OFFICE

AUG.-30-1898

612



more or less confluent, inflammatory patches, together with distinct individual lesions, occupying almost the entire general surface. The trunk and the upper and lower extremities were completely covered with a multiform eruption of a mixed chronic, subacute, and acute character, arising from a chronically inflamed, infiltrated, and toughened skin. The greatest possible variety of inflammation existed in the form of a continuous mass or sheet of eruption, there being no healthy skin on the affected regions.

The lesions were macules, maculo-papules, papules, irregularly shaped and defined, flat or spread out (as in *erythema multiforme*), and of variable dimensions; vesico-papules and vesicles varying in size from a small pinhead to a pea, some being flat, glistening, and blister-like, others raised and surrounded with a somewhat drawn-together or puckered, highly inflamed base, as in *herpes zoster*. Many of the vesicles were minute and scarcely visible, except in oblique light. Here and there blebs existed, some small, others large; also small pustules, which evidently had begun as pustules, some of them being flat and punctate, pinhead and millet-seed sized.

On the shoulders and upper part of the back the existence of small, mostly miliary lesions (papules, papulo-vesicles, vesicles, and pustules), commingled and in all stages of evolution, and grouped into patches, some of them marginate, together with the marked pigmentation, suggested a likeness to a subacute, copious, miliary, herpetiform syphiloderm.

Excoriations and abrasions, due to scratching, blood-crusts, and slight yellowish and brownish crusts about the summits of vesicles and pustules, together with torn adherent epidermis, were also present, the whole picture being one of great multiformity, such as is noted in no other disease. As is well known, marked multiformity is often observed in scabies of several months' duration, but the affection here was even more polymorphous than occurs in that disease.

The lesions were aggregated, grouped, and disseminated, but the eruption as a whole was herpetiform,—the distribution, general arrangement of the individual lesions and of the patches, the progress and the manner of extension, all suggesting certain symptoms common to either *erythema multiforme*, *herpes iris*, or *herpes simplex*. Here and there the close grouping or bunching of three or four usually minute or small vesicles or vesico-pustules upon an inflamed base resembled an abortive patch of *herpes zoster*. The disease, however, bore more likeness to *erythema multiforme* of an advanced stage and of a severe type than to any other affection. Furthermore, itching and burning were present to an excessive degree, tormenting him by day and by night. He was, moreover, nervous, irritable, and anxious.

I will now enumerate the local remedies that were employed, and comment briefly on their action, which, it may be here remarked, was far from satisfactory.

The patient stated that a number of remedies had been previously used without affording much relief, among them the various soothing and more stimulating washes and ointments useful in eczema. Those prescribed by me consisted of sulphur in the form of ointment, both weak and strong, and also in the form of a dusting powder, "liquor carbonis detergens," ichthyol, as a wash and as an ointment, weak and strong;

mild salicylic acid ointment, fluid extract of *grindelia robusta* as a lotion, weak and strong, and carbolic acid as a lotion, all having been made use of from time to time. The most useful were sulphur ointment, two to three drachms to the ounce, and "liquor carbonis detergens," from one-half to two drachms to the ounce. These remedies, as well as others, were employed on various parts of the body, and with each experiment it was the rule to make the application of one remedy to one lateral half and another to the other half of the body with the view of determining the relative merits of each. The fluid extract of *grindelia robusta* on several occasions was found to be of some value, but the sulphur ointment was the most useful. This was used with considerable friction in order to break down the vesicles, as in the case of scabies, and on several occasions improved the skin and relieved the itching. Internally, antipyrin, antifebrin, phenacetin, chloral, and belladonna were all prescribed to meet symptoms, but with only moderate success.

During the four or five weeks which followed, the disease on two occasions improved considerably, but again became worse, the process manifesting itself in the form of exacerbations, each lasting about a week. Now and then large blebs formed here and there, especially on the thighs. On the trunk the lesions were at one time more erythematous, at another time more vesicular. The herpetiform element, more or less well-defined, remained constant, and constituted a feature of the disease.

In conclusion, the case may be summed up as showing the disease in its typical form, characterized by a multiform eruption of slightly raised, erythematous, herpetic patches, more or less confluent, together with papulo-vesicles and vesicles and blebs of variable size, shape, and outline, likewise as a rule herpetic. The thickening of the integument and the marked pigmentation from the oft-repeated attacks of eruption and scratching, and the itching and burning were also conspicuous symptoms. The general health was at times considerably disturbed, as shown by the nervous, anxious, irritable state, the loss of appetite and of sleep, and the excessive sweating and great thirst. The urine was cloudy and dark, and variable in quantity, as is the case in other forms of general nerve depression.

In the matter of diagnosis, the disease, during the period it was under my observation, could hardly be mistaken for any other affection, surely not pemphigus, because blebs were the exception; nor would eczema suggest itself, because of the prevailing herpetiform characters of the individual lesions and of the patches. Everywhere and on all occasions the eruption showed itself to be under the control of the peripheral nerves, as in the other more marked and better known forms of herpetic diseases.







